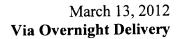
						235507				
STATE OF SOUTH CAROLINA						•	DEEOD	יים מו	TETE	
(Caption of Case)					)	BEFORE THE PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA				
					)	DOCKET NUMBER: 20	OVER 1	_ <u>З</u>	7 - A	
	ease type or print	BellSouth Lon		stance, Inc. d/b/a AT&T		CC Deer Neverland				
	bmitted by: dress:	Long Distance Service			SC Bar Number Telephone:		404-927-4761			
Au	uress:	675 W. Peachtree Street, Room 17E21 Atlanta, GA 30375					404-681-1920			
		Attuntu, O/A				Other:				
						Email:	tm5886@	gatt.	com	
			ı pet			TON (Check all that a per item to be placed on C		on's	Agenda expeditiously	
IN	DUSTRY (C	heck one)		NATU	RE	OF ACTION (Check	CTION (Check all that Apply)			
	Electric			Affidavit		Letter			Request	
	Electric/Gas			Agreement		Memorandum			Request for Certification	
	Electric/Teleco	mmunications		Answer		Motion			Request for Investigation	
	Electric/Water			Appellate Review		Objection			Resale Agreement	
	Electric/Water/	Telecom.		Application		Petition			Resale Amendment	
	Electric/Water	'Sewer		Brief		Petition for Reconsidera	tion		Reservation Letter	
	Gas			Certificate		Petition for Rulemaking			Response	
	Railroad			Comments		Petition for Rule to Show	v Cause		Response to Discovery	
	Sewer			Complaint		Petition to Intervene			Return to Petition	
×	Telecommunic	ations		Consent Order		Petition to Intervene Out	of Time		Stipulation	
	Transportation			Discovery		Prefiled Testimony			Subpoena	
	Water			Exhibit		Promotion			Tariff	
	Water/Sewer			Expedited Consideration		Proposed Order			Other:	
	Administrative	Matter		Interconnection Agreement		Protest				
	Other:			Interconnection Amendment		Publisher's Affidavit				
_				Late-Filed Exhibit	X	Report				





2600 Maitland Center Pkwy.

Suite 300

Maitland, FL 32751

P.O. Drawer 200

Winter Park, FL

32790-0200

Tel: 407-740-8575

Fax: 407-740-0613

www.tminc.com

Clerk's Office

South Carolina Public Service Commission

101 Executive Center Dr.

Columbia, SC 29210

RE: BellSouth Long Distance, Inc. d/b/a AT&T Long Distance Service

SC Authorized Utility Representative

Dear Sir or Madam:

Enclosed please find a copy of the SC Authorized Utility Representative, filed on behalf of BellSouth Long Distance, Inc. d/b/a AT&T Long Distance Service. No check is enclosed as there are no remittance fees due.

Questions regarding this filing should be directed to my attention at 407-740-8575. Thank you for your assistance in this matter.

Sincerely

Alex Fernandez

Compliance Reporting Specialist

file: BellSouth Long Distance, Inc. d/b/a AT&T Long Distance Service -

Reporting - South Carolina

AF/ms

## AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS TYPE: [X]IXC []CLEC []ILEC [] Wireless

		CERTIFICATED COMPANY	(INFORMATION	
Be	llSouth Long Distance, Inc.			
· —	mpany Name		FEIIWOON	
t	&T Long Distance Service		404-927-4761	
	Oba/fka		Telephone #	
6	75 W. Peachtree Street, Room	17E21		3
	iling Address			
I .	anta, GA 30375			<u> </u>
	y, State, Zip Code			
1	5 W. Peachtree Street, Room	17E21		<u> </u>
Bus	iness Location			(1) 1 (1) (1) (1) (1) (1) (1) (1)
Atl	anta, GA 30375			
Cit	y, State, Zip Code		County	111
		REGISTERED AGENT IN	NFORMATION .	
Regi	stered Agent: Corporation S	ervice Company		
l				
Mail	ing Address: 1703 Laurel S	treet		
	Or to the Control of	i- 00 20204		
City,	State, Zip Code: Columb	ia, SC 29201		
	Pursuant to the Commissi	on's rules and regulations, print o	or type company contact for the	following areas:
A.	Thomas Margavio			
	General Manager (Include addre	ss if different than above.) / 404-681-1920	/tm5886@att.com	
	404-927-4761 Telephone Number	Facsimile Number	E-mail Address	
	AT&T Customer Advocacy			
В.	Customer Relations/Complaints	Representative (Include address if di	fferent than above.)	
	800-451-3106	/ 404-681-1920	/	
	Telephone Number	Facsimile Number	E-mail Address	
C1.	AT&T Customer Advocacy	Center		
CI.	Customer Relations/Complaints	Representative for Escalated Comp	plaints (Include address if different th	an above.)
	800-451-3106	/ 404-681-1920		
	Telephone Number	Facsimile Number	E-mail Address	
C2.	800-316-9385			
02.	Customer Contact (Toll Free Nu	mber)		
	,	•		
D.	Thomas Margavio			
	Engineering Operations (Include		/ t 5000@ott com	
	404-927-4761	/ 404-681-1920	/ tm5886@att.com E-mail Address	
	Telephone Number	Facsimile Number	E-IIIaii Address	
E.	Thomas Margavio			
	Test and Repair (Include address		/ / 5000 ( - 11	
	404-927-4761	/ 404-681-1920	/ tm5886@att.com	
	Telephone Number	Facsimile Number	E-mail Address	

**Thomas Margavio** F. Emergencies (During non-office hours)

404-927-4761 / 404-681-1920 / tm5886@att.com Telephone Number Facsimile Number E-mail Address

## In addition, please provide the following company contact information to assist in proper routing of correspondence and invoices:

G. Thomas Margavio Regulatory Officer (Include Address if different than above) 404-927-4761 / 404-681-1920 / tm5886@att.com Telephone Number Facsimile Number E-mail Address

Thomas Margavio Н. **Dual Party Mailings (Name)** 

675 W. Peachtree Street, Room 17E21, Atlanta, GA 30375

(Mailing Address) 404-927-4761

/ 404-681-1920 / tm5886@att.com

Telephone Number Facsimile Number E-mail Address

Thomas Margavio

Interim LEC Fund Mailings (Name)

675 W. Peachtree Street, Room 17E21, Atlanta, GA 30375

(Mailing Address) 404-927-4761

/ 404-681-1920

Facsimile Number

/ tm5886@att.com E-mail Address

Telephone Number

J. Thomas Margavio

> Universal Service Fund Mailings (Name) 675 W. Peachtree Street, Room 17E21, Atlanta, GA 30375

(Mailing Address) 404-927-4761

/ 404-681-1920 Telephone Number

/ tm5886@att.com E-mail Address Facsimile Number

K. **Thomas Margavio** 

Gross Receipts Mailings (Name)

675 W. Peachtree Street, Room 17E21, Atlanta, GA 30375

(Mailing Address)

404-927-4761 Telephone Number

/ 404-681-1920 Facsimile Number

/ tm5886@att.com E-mail Address

**Thomas Margavio** L.

Lifeline Mailings (Name)

675 W. Peachtree Street, Room 17E21, Atlanta, GA 30375

(Mailing Address) 404-927-4761

/ 404-681-1920

/ tm5886@att.com

Telephone Number

Facsimile Number

E-mail Address

**Thomas Margavio** 

This form was completed by (print name)

Associate Manager

Title

≸ignature

RETURN COMPLETED FORM TO:

Public Service Commission of SC

Clerk's Office

Post Office Drawer 11649

Columbia, South Carolina 29211

Office of Regulatory Staff Attn: Jeanne Gordon 1401 Main Street, Suite 900 Columbia, South Carolina 29201

(Rev. PSC 11/2010)